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| Fill in this information to identify your case: | | UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS |
|--|---|---|
| United States Bankruptcy Court for the: Northern District of Illinois | | APR 0 6 2017 |
| Case number (If known): | Chapter you are filing under: Chapter 7 Chapter 11 | JEFFREY P. ALLSTEADT, CLERK |
| | Chapter 12 Chapter 13 | ☐ Check if this is an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Parit I Identify Yourself

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | | |
|----------------|--|--|---|--|--|
| 1. | Your full name | | terra kang kang kang kang kang kang kang kan | | |
| | Write the name that is on your government-issued picture | MONICA | | | |
| | identification (for example, your driver's license or | First name RENEE | First name | | |
| | passport). Bring your picture | Middle name STORY | Middle name | | |
| | identification to your meeting with the trustee. | Last name | Last name | | |
| - | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) | | |
| 2. | All other names you | | | | |
| | have used in the last 8 years | First name | First name | | |
| | Include your married or maiden names. | Middle name | Middle name | | |
| | | Last name | Last name | | |
| | | First name | First name | | |
| | | Middle name | Middle name | | |
| : | | Last name | Last name | | |
| inidolesiasias | | | | | |
| 3. | Only the last 4 digits of your Social Security | xxx - xx - <u>5</u> <u>0</u> <u>8</u> <u>8</u> | xxx - xx | | |
| | number or federal Individual Taxpayer | OR | OR | | |
| | Identification number (ITIN) | 9 xx - xx | 9 xx - xx | | |

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| D | ebtor 1 MONICA REN | | Case number (# known) |
|-------|--|---|--|
| 25845 | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☐ I have not used any business names or EINs. |
| | the last 8 years | Business name | Business name |
| | Include trade names and doing business as names | Business name | Business name |
| | | | |
| | | EIN | EIN |
| | | EIN | EIN |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 1221 W. 97TH STREET | |
| | | Number Street | Number Street |
| | | CHICAGO IL 60643 | |
| | | City State ZIP Code | City State ZIP Code |
| | | COOK County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number Street | Number Street |
| | | P.O. Box | P.O. Box |
| | | City State ZIP Code | City State ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: ✓ Over the last 180 days before filing this petition, | Check one: Over the last 180 days before filing this petition, |
| | , - | I have lived in this district longer than in any other district. | I have lived in this district longer than in any other district. |
| | | I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |
| | | | 3 |
| | | | |

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| De | ebtor 1 WONICA KEN | | SIC | | | Case number (#. | known) |
|-----|---|---|--|--|---|--|--|
| | FRAST MOUTE MILITARY | me | Last Nan | le e | | | |
| P | Tell the Court Abo | ut Your E | ankru | ptcy Case | | | |
| 7. | The chapter of the Bankruptcy Code you | Check of | one. (Fo | r a brief description of each Form 2010)). Also, go to the | h, see <i>Not</i> he top of p | ice Required by 1: page 1 and check t | 1 U.S.C. § 342(b) for Individuals Filing the appropriate box. |
| | are choosing to file under | ☑ Cha | pter 7 | | | | |
| | dilasi | ☐ Cha | pter 11 | | | | |
| | | ☐ Cha | pter 12 | | | | |
| | | ☐ Cha | | | | | |
| 8. | How you will pay the fee | loca your subn with I ne App I rec By li less | Il court rself, you mitting a pre-ped to ped | for more details about hou may pay with cash, of your payment on your borinted address. The state of the sta | now you reashier's coehalf, you may (You may quired to, enty line the | may pay. Typical check, or money our attorney may bu choose this operation of the control of the | leck with the clerk's office in your lly, if you are paying the fee order. If your attorney is pay with a credit card or check lotion, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter 7, and may do so only if your income is ur family size and you are unable to nust fill out the Application to Have the |
| 9. | Have you filed for bankruptcy within the last 8 years? | Cha | pter 7 I | IL NORTHERN | cial Form | 07/22/2011 MM/ DD/YYYY | with your petition. |
| | | | District | | When | MM / DD / YYYY | Case number |
| | | | District | | 148 | | |
| | | | DISTRICT | | When | MM / DD / YYYY | Case number |
| 10. | Are any bankruptcy | 2 № | | | | | |
| | cases pending or being filed by a spouse who is | Yes. | Debtor | | ··· • • • • • • • • • • • • • • • • • • | | Relationship to you |
| | not filing this case with you, or by a business partner, or by an affiliate? | | District | | When | MM / DD / YYYY | Case number, if known |
| | | | Debtor | | | | Relationship to you |
| | | | District | BANNING COLUMN TO THE PARTY OF | When | MM / DD / YYYY | Case number, if known |
| 11. | Do you rent your residence? | □ No. | Go to li Has yo resider No. | ur landlord obtained an ev nce? . Go to line 12. | riction judg | ment against you | and do you want to stay in your Against You (Form 101A) and file it with |

MONICA

Debtor 1

RENEE

STORY

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| ebtor 1 | MONICA | RENE | E | STORY | | Cace un | mhor (#/www) | | |
|-----------|---|-------------|-------------|--|------------------|---|---|--|---|
| | First Name Middle No | | | Last Name | | Gest IIII | mber (# known) | | |
| | | | | | | | | | |
| Part 3: | Report Ahou | t Anv P | usinae: | ses You Own as a S | iole Brancia | tor | | | |
| | pvit Abou | usy 10 | ~ ~ (1162) | I CAN R2 8 2 | -vie Linblie | ··· | | | |
| 2 Ara 1/4 | ou a sole prop | viotor. | □a | | | | | | |
| | y full- or part-t | | W No. | Go to Part 4. | | | | | |
| busin | | | Yes Yes | . Name and location of | business | | | | |
| | proprietorship is | | | | | | | | |
| | business you operate as an individual, and is not a | | | Name of business, if any | ***** | | | | |
| | ite legal entity su | ch as | | | | | | | |
| a corpo | oration, partnersh | nip, or | | Number Street | | | .,,,,, | ······································ | |
| | have more than o | ne | | | | | | | |
| sole pr | sole proprietorship, use a separate sheet and attach it to this petition. | | | | | | *************************************** | | |
| | | | | | | | | | |
| to tino j | | | | City | | | State ZIP Code | P | |
| | | | | | | | | | |
| | | | | Check the appropriate | box to descrit | e your business: | | | |
| | | | | ☐ Health Care Busin | ess (as define | d in 11 U.S.C. § 10 |)1(27A)) | | |
| | | | | ☐ Single Asset Real | Estate (as def | ined in 11 U.S.C. § | (101(51B)) | | |
| | | | | Stockbroker (as de | efined in 11 U. | S.C. § 101(53A)) | | | |
| | | | | ☐ Commodity Broker | | | 3)) | | |
| | | | | None of the above | | | '77 | | |
| | · · · · · · · · · · · · · · · · · · · | | | TO NOTICE OF THE GROOVE | | | | Market November (1981) and the second of the | |
| Bankr | ter 11 of the ruptcy Code a ou a <i>small bus</i> or? | nd iness | most red | can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). No. I am not filing under Chapter 11. | | | | | |
| | efinition of small | | | _ | • | | | | |
| | ss debtor, see .C. § 101(51D). | | ☐ No. | I am filing under Chapt the Bankruptcy Code. | ter 11, but I am | n NOT a small busi | ness debtor accordin | ng to the definition in | |
| | | | ☐ Yes. | s. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | | | |
| | | | | | | | | | |
| art 4: | Report if You | Own o | r Have | Any Hazardous Pro | perty or An | y Property That | Needs Immedia | te Attention | |
| | | | | | | | | | |
| | u own or have | | ⊘ No | | | | | | |
| | rty that poses d to pose a the | or is | - | What is the hazard? | | | | | |
| | u to pose a tri | reat | - 100. | what is the nazard: | | *************************************** | | | |
| | iable hazard t | _ | | | | | | | |
| | health or safe | ety? | | | | | | | |
| proper | you own any rty that needs | | | | | | | | |
| | liate attention | ? | | If immediate attention | is needed, wh | ny is it needed? | | | |
| | mple, do you ow | | | | | | | | |
| that mus | perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | | | | | | | |
| | * | | | Where is the property | n | | | | |
| | | | | | Number | Street | | ************************************** | |
| | | | | | | | | | |
| | | | | | | | | | · |
| | | | | | A1. | | ···· | | |
| | | | | | City | | State | E ZIP Code | |

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Debtor 1

MONICA

RENEE

STORY

Case number (# known)_

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

15. Tell the court whether you have received a briefing about credit counseling.

> The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

🗹 I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| ı | | a | m | n | ot | re | qı | iire | ed | to | re | ce | ive | а | b | rie | fin | g | ab | OU | Ħ |
|---|---|---|-----|-----|----|----|----|------|----|----|-----|-------|----------|-----|---|-----|-----|---|----|----|---|
| ¢ | C | r | 3 C | lit | C | u | ns | eli | na | b | ec: | 3 U.S | . | of: | | | | | | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making

rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| i am not required to receive | а | briefing | about |
|------------------------------|---|----------|-------|
| credit counseling because | | | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to be unable to participate in a

briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 17-10894 Doc 1 Filed 04/06/17 Entered 04/06/17 11:37:35 Desc Main Document Page 6 of 31

| De | ebtor 1 MONICA RE | NEE STORY Name Last Name | Case number (# km | OW/1) | | | | | |
|-----|---|--|---|--|--|--|--|--|--|
| 7 | art 6: Answer These Q | uestions for Reporting Purp | oses | | | | | | |
| 16 | . What kind of debts do | 16a. Are your debts prim | narily consumer debts? Consumer debt dual primarily for a personal, family, or hou | ots are defined in 11 U.S.C. § 101(8) | | | | | |
| | you have? | No. Go to line 16b. | | | | | | | |
| | | 16b. Are your debts prim | narily business debts? Business debts | are debts that you incurred to obtain business or investment. | | | | | |
| | | □ No. Go to line 16c.□ Yes. Go to line 17. | | | | | | | |
| | | 16c. State the type of debts y | ou owe that are not consumer debts or but | siness debts. | | | | | |
| 17. | . Are you filing under Chapter 7? | □ No. I am not filing under | Chapter 7. Go to line 18. | and the first of the first of the first of the section of the first of | | | | | |
| | Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors? | administrative expen ☑f No s pe ☐ Yes | apter 7. Do you estimate that after any exer ises are paid that funds will be available to | npt property is excluded and distribute to unsecured creditors? | | | | | |
| 18. | How many creditors do you estimate that you owe? | ☑ 1-49 □ 50-99 □ 100-199 □ 200-999 | 1,000-5,000 5,001-10,000 10,001-25,000 | 25,001-50,000 50,001-100,000 More than 100,000 | | | | | |
| 19. | How much do you estimate your assets to be worth? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | |
| 20. | How much do you estimate your liabilities to be? | \$0-\$50,000 \$50,001-\$100,000 \$100,001-\$500,000 \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$50,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | | | | |
| | ort 7a Sign Below | have examined this netition | and I declare under penalty of perjury that | | | | | | |
| Fo | r you | correct. If I have chosen to file under C | Chapter 7, I am aware that I may proceed, i | f eligible, under Chapter 7, 11,12, or 13 | | | | | |
| | | If no attorney represents me a this document, I have obtained | and I did not pay or agree to pay someone of d and read the notice required by 11 U.S.C | who is not an attorney to help me fill out . § 342(b). | | | | | |
| | | | with the chapter of title 11, United States C | • | | | | | |
| | | with a bankruptcy case can res | X | money or property by fraud in connection nt for up to 20 years, or both. | | | | | |
| | | Signature of Debtor 1 | Signature | of Debtor 2 | | | | | |
| | | Executed on MM / DD | ////YYY Executed | on | | | | | |

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| Debtor 1 MONICA RE First Name Middle Na | NEE STORY Last Name | Case number (# known) | · |
|---|--|---|---|
| For your attorney, if you are represented by one | I, the attorney for the debtor(s) named in the toproceed under Chapter 7, 11, 12, or 13 available under each chapter for which the the notice required by 11 U.S.C. § 342(b) knowledge after an inquiry that the information | of title 11, United States Code, and person is eligible. I also certify tha and, in a case in which § 707(b)(4)(l | med the debtor(s) about eligibility have explained the relief t I have delivered to the debtor(s) D) applies, certify that I have no |
| by an attorney, you do not need to file this page. | × | Date | |
| | Signature of Attorney for Debtor | | MM / DD /YYYY |
| | Printed name | | |
| | Firm name | | |
| | Number Street | | |
| | City | State ž | ZIP Code |
| | | | |
| | Contact phone | Email address | |
| | Bar number | State | |
| | | | |

| | Case 17- | 10094 | DOC 1 | Document | Page 8 of 3 | | Nalli | | |
|---|----------------------|----------------------|---|--|---|--|--|--|--|
| Debtor 1 | MONICA First Name | RENEE Middle Name | STO Last Nar | | Ca | ise number (if known) | *************************************** | | |
| | f you are filing | | should un themselve | nderstand that many es successfully. Bed | people find it ex ause bankruptc | t yourself in bankruptcy court, but xtremely difficult to represent y has long-term financial and le a qualified attorney. | | | |
| If you are represented by an attorney, you do not need to file this page. | | | To be succe technical, a dismissed to hearing, or firm if your | cessful, you must corre- and a mistake or inaction because you did not file cooperate with the count case is selected for au | ctly file and handle on may affect your e a required docun urt, case trustee, U dit. If that happens | e your bankruptcy case. The rules at rights. For example, your case may ment, pay a fee on time, attend a me J.S. trustee, bankruptcy administrates, you could lose your right to file an efit of the automatic stay. | y be eeting or or, or audit | | |
| | | | in your sche property or also deny y case, such cases are ra | n if you plan to pay a pay edules. If you do not lis properly claim it as ext you a discharge of all you as destroying or hiding andomly audited to det | articular debt outsic it a debt, the debt in empt, you may not our debts if you do in property, falsifyin termine if debtors I | edules that you are required to file we de of your bankruptcy, you must list may not be discharged. If you do not be able to keep the property. The jour bankruptcy of the property of the pro | that debt ot list udge can uptcy uptcy | | |
| | | | If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply. | | | | | | |
| | | | Are you awa | | uptcy is a serious : | action with long-term financial and l | egal | | |
| | | | Yes Are you awa inaccurate of No Yes | are that bankruptcy fra or incomplete, you coul | ud is a serious crir d be fined or impri | me and that if your bankruptcy forms isoned? | s are | | |
| | | | Did you pay No Yes. Nan | me of Person | | attorney to help you fill out your ban Declaration, and Signature (Official Fo | | | |
| | | | have read a | and understood this not | ice, and I am awar | risks involved in filing without an at the that filing a bankruptcy case without if I do not properly handle the case. | out an | | |
| | | | Signature of D | Debtor 1 | | Signature of Debtor 2 | | | |

Official Form 101

Date

Contact phone

Email address

Cell phone

Signature of Debtor 2

MM / DD / YYYY

Date

Contact phone

Cell phone

Email address

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| | | | Document Page 9 01 31 | | |
|--|-------------------------------------|---------------------------|---|--|--|
| ill in this | information to ide | entify your case and th | nis filling: | | |
| | MONICA | DENCE | CTORY | | |
| btor 1 | First Name | RENEE Middle Name | STORY Last Name | | |
| btor 2 | ng) First Name | | | | |
| | | Middle Name | Last Name | | |
| ted State | es Bankruptcy Court fo | or the: Distr | ict of | | |
| se numbe | er | | *************************************** | r | Take a ray o |
| ······································ | | | Market 1997 | • | Check if this is a amended filing |
| Officia | al Form 106 | SA/B | | | |
| | | B: Propert | tv | | |
| | | Di i i OPCI | ·y | | 12/15 |
| Do you d | | | , Land, or Other Real Estate You Own or Ha | | |
| | Go to Part 2. Where is the prope | ertv? | | | |
| www. 105. | vinere is the prope | erty? | What is the property? Check all that apply. | | alikan di Kakuwaji sa |
| | | | ☐ Single-family home | Do not deduct secured cl the amount of any secure | d claims on Schedule D |
| 1.1. St | treet address, if availa | ble, or other description | Duplex or multi-unit building | Creditors Who Have Clair | ms Secured by Property |
| | | · | Condominium or cooperative Manufactured or mobile home | Current value of the | |
| | | | ✓ Manufactured or mobile home ✓ Land | entire property? | portion you own? |
| | | | ☐ Investment property | \$ | \$ |
| Cit | fy | State ZIP Code | - Timeshare | Describe the nature | of your ownership |
| | | | Other | interest (such as fee the entireties, or a lif | simple, tenancy by e estate), if known. |
| | | | Who has an interest in the property? Check one. | | |
| ~ | | | Debtor 1 only | | |
| Co | ounty | | Debtor 2 only Debtor 1 and Debtor 2 only | Check If this is co | mmunity property |
| | | | At least one of the debtors and another | (see instructions) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | | | Other information you wish to add about this it property identification number: | tem, such as local | |
| f you ow | n or have more tha | in one, list here: | *************************************** | *************************************** | |
| | | | What is the property? Check all that apply. | Do not deduct secured cla | |
| 1.2. | | | ☐ Single-family home | the amount of any secure | d claims on Schedule D: |
| Str | reet address, if availab | ole, or other description | Duplex or multi-unit building | Creditors Who Have Clain | |
| | | | Condominium or cooperative Manufactured or mobile home | Current value of the | |
| | | | Land | entire property? | portion you own? |
| | | | ☐ Investment property | Ф | \$ |
| City | у | State ZIP Code | ☐ Timeshare | Describe the nature of | |
| - 174 | - | | Other | interest (such as fee the entireties, or a life | estate), if known. |
| | | | Who has an interest in the property? Check one. | | |
| | | | Debtor 1 only | | |
| Co | unty | | Debtor 2 only | - | |
| | | | Debtor 1 and Debtor 2 only | Check if this is co | mmunity property |

lacksquare At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number:

(see instructions)

Document Page 10 of 31 Debtor 1 Case number (if know Last Name What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Single-family home 1.3 Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Current value of the Condominium or cooperative entire property? portion you own? Manufactured or mobile home Land ☐ Investment property Describe the nature of your ownership ZIP Code State ☐ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles M No ☐ Yes Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Debtor 1 and Debtor 2 only Current value of the entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Doc 1

Filed 04/06/17

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Case 17-10894 Doc 1 Filed 04/06/17 Entered 04/06/17 11:37:35 Document Page 11 of 31 MONICA RENEE Debtor 1 Case number (if known) First Name Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.3 the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.4. Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ☑ No ☐ Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

☐ Check if this is community property (see

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Debtor 1

MONICA RENEE First Name

Document

Case number (# imown)

Describe Your Personal and Household Items

| Do | you own or have any l | egal or equitable interest in any of the following items? | Current value of portion you own Do not deduct secu or exemptions. | 17 |
|-----|-------------------------------------|--|--|-------------|
| 6. | Household goods and | furnishings | | |
| | _ | nces, furniture, linens, china, kitchenware | | |
| | □ No | | | |
| | Yes. Describe | Appliances, furniture, kitchenware | \$ | 500.00 |
| 7. | Electronics | | | |
| | | and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music electronic devices including cell phones, cameras, media players, games | | |
| | | Television, stereo, cellphone, computer and printer | \$ | 800.00 |
| 8. | Collectibles of value | | na Vina Peritais | |
| | Examples: Antiques and stamp, coin, | figurines; paintings, prints, or other artwork; books, pictures, or other art objects; or baseball card collections; other collections, memorabilia, collectibles | | |
| | Yes. Describe | | \$ | |
| 9. | Equipment for sports a | nd hobbies | george opend | |
| | | ographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes carpentry tools; musical instruments | | |
| | Yes. Describe | | \$ | |
| 10. | .Firearms | | | |
| | No No | shotguns, ammunition, and related equipment | - constant for financial | |
| | Yes. Describe | | \$ | |
| 11. | Clothes | thes, furs, leather coats, designer wear, shoes, accessories | | |
| | No No | dies, idis, leather coats, designer wear, shoes, accessories | | |
| | Yes. Describe | Regular clothes, shoes | \$ | 300.00 |
| 12. | Jewelry | | | |
| | gold, silver | relry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, | | |
| | No Yes. Describe | | \$ | |
| 13. | Non-farm animals | | | |
| | Examples: Dogs, cats, b | irds, horses | | |
| | No Yes. Describe | | s | |
| 14. | Any other personal and | household Items you did not already list, including any health aids you did not list | J | |
| | 2 No | | andrew/tening. | |
| | Yes. Give specific information | | \$ | |
| 15. | | all of your entries from Part 3, including any entries for pages you have attached | \$1 | ,600.00 |

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Debtor 1

MONICA RENEE First Name

Document

Case number (if known)

| | | 10 | 3 1 2 |
|-----|------|----|-------|
| 9 6 | 31 E | • | 118 |
| | | | |

Describe Your Financial Assets

| Do you own or have an | y legal or equitable interest in | any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
|---|--|---|--|---|
| 16. Cash Examples: Money you | u have in your wallet, in your hon | ne, in a safe deposit box, and on hand when you | file your petition | |
| 2 No | | | | |
| ☐ Yes | | | Cash: | \$ |
| 17. Deposits of money Examples: Checking, and other | savings, or other financial accou | ints; certificates of deposit; shares in credit unions uttiple accounts with the same institution, list eac | s, brokerage houses, h. | |
| □ No | • | • | | |
| 2 Yes | | Institution name: | | |
| | 17.1. Checking account: | US BANK | | \$0.00 |
| | 17.2. Checking account: | | | \$ |
| | 17.3. Savings account: | | | \$ |
| | 17.4. Savings account: | WARRIET | | \$ |
| | 17.5. Certificates of deposit: | | ······································ | \$ |
| | 17.6. Other financial account: | | | \$ |
| | 17.7. Other financial account: | | | \$ |
| | 17.8. Other financial account: | Appenies to the second | | \$ |
| | 17.9. Other financial account: | | | \$ |
| | | | | |
| | i, or publicly traded stocks i, investment accounts with broke | erage firms, money market accounts | | |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | |
| 19. Non-publicly traded an LLC, partnership, | | rated and unincorporated businesses, including | ng an interest in | |
| ☑ No | Name of entity: | | % of ownership: | |
| Yes. Give specific information about | | | 0% % | \$ |
| them | · · · · · · · · · · · · · · · · · · · | | 0%% | \$ |
| | | | 0% % | \$ |

Page 14 of 31 Document Debtor 1 Case number (if known) 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. MO No ☐ Yes. Give specific Issuer name: information about them..... 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans 2 No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: Pension plan: IRA: Retirement account: Keogh: Additional account: Additional account: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes..... Institution name or individual: Electric: Gas: Heating oil: Security deposit on rental unit: ____ Prepaid rent: Telephone: Water: Rented furniture: Other: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) M No Issuer name and description:

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Case 17-10894 Doc 1 Filed 04/06/17 Entered 04/06/17 11:37:35 Desc Main Document Page 15 of 31 MONICA RENEE Debtor 1 Case number (if known First Name 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Z No ☐ Yes Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit 2 No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements MO No ☐ Yes. Give specific information about them.... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses Z No Yes. Give specific information about them.... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information Filed returns used to pay bills, did not receive state 419.00 Federal: about them, including whether refund do to state debt. 95.00 you already filed the returns State: and the tax years..... l ocal: 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement VI No ☐ Yes. Give specific information..... Alimony: Maintenance Support: Divorce settlement:

30. Other amounts someone owes you

Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

| 7] | No | |
|----|--------------------------------|--|
| | Yes. Give specific information | |

Property settlement:

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Mo No

Z No

☐ Yes. Describe.....

Yes. Describe.....

39. Office equipment, furnishings, and supplies

Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

Entered 04/06/17 11:37:35 Case 17-10894 Doc 1 Filed 04/06/17 Desc Main Page 17 of 31 Document **MONICA** RENEE Debtor 1 Case number (if known), First Name 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade M No Yes, Describe... 41. Inventory ☐ No Yes. Describe. 42. Interests in partnerships or joint ventures M No Yes. Describe...... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations M No Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? Yes. Describe...... 44. Any business-related property you did not already list Mo No Yes. Give specific information 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here Part 6: Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions.

☐ Yes.....

47. Farm animals

Examples: Livestock, poultry, farm-raised fish M No

Document Page 18 of 31 **MONICA** Debtor 1 First Name 48. Crops—either growing or harvested V No Yes. Give specific information..... 49 Farm and fishing equipment, implements, machinery, fixtures, and tools of trade Z No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list V No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership Z No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here Part 8: List the Totals of Each Part of this Form 0.00 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 1,600.00 57. Part 3: Total personal and household items, line 15 514.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 2,114.00 2,114.00 62. Total personal property. Add lines 56 through 61. Copy personal property total -> 2.114.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.

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| Fill in this information to identify your case: | Document 1 age 13 of 31 | |
|---|--|--|
| Mania n | Silani | |
| Debtor 1 First Name Middle Name | Last Name | |
| Debtor 2 (Spouse, if filing) First Name Middle Name | Last Name | |
| United States Bankruptcy Court for the: Northern District of | of Minois | |
| Case number | | ☐ Check if this is an |
| (If known) | | amended filing |
| Official Form 106E/F | | |
| Schedule E/F: Creditors W | ho Have Unsecured Clair | ns 12/15 |
| Be as complete and accurate as possible. Use Part List the other party to any executory contracts or use A/B: Property (Official Form 106A/B) and on Scheducereditors with partially secured claims that are listeneded, copy the Part you need, fill it out, number that any additional pages, write your name and case number 1.55 and 1.55 are PRIORIES. | nexpired leases that could result in a claim. Also live G: Executory Contracts and Unexpired Leases (and Unexpired Leases) of the Claims Secuthe entries in the boxes on the left. Attach the Continue (if known). | st executory contracts on Schedule Official Form 106G). Do not include any red by Property. If more space is |
| Part 1: List All of Your PRIORITY Unsecure | | |
| Do any creditors have priority unsecured claims No. Go to Part 2. | against you? | |
| Yes. | | |
| nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of I | a claim has both priority and nonpriority amounts, list the laims in alphabetical order according to the creditor's r Part 1. If more than one creditor holds a particular clain | nat claim here and show both priority and |
| (For an explanation of each type of claim, see the ir | structions for this form in the instruction bookiet.) | Total claim Priority Nonpriority |
| | 2224 | amount amount |
| Verion Wirless | Last 4 digits of account number 0924 | 1,040,75 _s s |
| Priority Greditor's Name 1130 OLINEY AVE Number Street | When was the debt incurred? | • |
| ALLONI HUNT ADAM | As of the date you file, the claim is: Check all that appl | • |
| City State ZIP Code | Contingent | |
| Wiro incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of PRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only☐ At least one of the debtors and another | Domestic support obligations | |
| | Taxes and certain other debts you owe the government | |
| ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were | |
| Is the claim subject to offset? ☐ No | intoxicated Other. Specify | |
| Q Yes | | |
| Priority Creditor's Name | Last 4 digits of account number 4895 | s 674.89s s |
| Number Street | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply | ·. |
| NEWARK, NID OTIOI-06 | Contingent | |
| City State ZIP Code | Unliquidated | |
| Who incurred the debt? Check one. Debtor 1 only | ☐ Disputed | Williams |
| Debtor 2 only | Type of PRIORITY unsecured claim: | Address of the second of the s |
| Debtor 1 and Debtor 2 only | Domestic support obligations | - Andrews |
| At least one of the debtors and another | Taxes and certain other debts you owe the government | Transport |
| ☐ Check if this claim is for a community debt | Claims for death or personal injury while you were intoxicated | Nonland |
| Is the claim subject to offset? | Other. Specify | Programme and the second secon |
| ☐ No ☐ Yes | | - The second sec |

STORY Document

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Debtor 1

MONICA

RENEE

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| | | | ě | |
|---|---|---|---|---|
| 7 | T | т | 7 | П |

List All of Your NONPRIORITY Unsecured Claims

| 3. | Do any creditors have nonpriority ur No. You have nothing to report in the year. | | | | | | | |
|-----------|---|-------------------------------------|--|---|--------------------|-----------------|--------------|---------------------------------------|
| 4. | List all of your nonpriority unsecured nonpriority unsecured claim, list the cre included in Part 1. If more than one cre claims fill out the Continuation Page of | ditor sepa ditor holds | rately for each clair | m. For each claim listed, identify wh | at type of clain | itis Dono | t list claim | is already |
| | · • | | | | | | Total | :laim |
| \$.1 · | COM ED Customer Care | | | Last 4 digits of account number | 8 1 4 | 3 | _ | 1,400.00 |
| | Nonpriority Creditor's Name P.O. BOX 805379 | | | When was the debt incurred? | 11/01/2016 | <u> </u> | \$ | 1,400.00 |
| | Number Street CHICAGO | IL | 60680 | | | | | |
| | City | State | ZIP Code | As of the date you file, the claim | is: Check all tha | at apply. | | |
| | Who incurred the debt? Check one. ☑ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | | | Contingent Unliquidated Disputed Type of NONPRIORITY unsecu | red claim: | | | |
| | At least one of the debtors and another | | | ☐ Student loans | | | | |
| | Check if this claim is for a commu | nity debt | | Obligations arising out of a separ that you did not report as priority | ration agreement | or divorce | | |
| | Is the claim subject to offset? ☑ No ☑ Yes | | | Debts to pension or profit-sharing Other. Specify | | r similar debts | i | |
| .2 | UNIVERSAL ACCEPTANCE | Nemře v řeklavová kradita stratecká | KNINGINACINYA PONYINYI NYINYI NY | Last 4 digits of account number | 2 5 0 | _2 | \$ | 8,185.00 |
| | Nonpriority Creditor's Name 5900 GREEK OAK DR #101 | | | When was the debt incurred? | 12/15/2012 | | | |
| | Number Street MINNETONKA City | MN | 55343 | As of the date you file, the claim | is: Check all tha | t apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only | | EN COCC | Contingent Unfiquidated Disputed | | | | : |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecu | | | | : |
| | Check if this claim is for a commun | nity debt | | Obligations arising out of a separ- that you did not report as priority | claims | | | |
| | Is the claim subject to offset? ☑ No ☑ Yes | | | Debts to pension or profit-sharing Other. Specify | plans, and other | r similar debts | | A A A A A A A A A A A A A A A A A A A |
| 3 | PEOPLES ENERGY Nonpriority Creditor's Name | | The desiration and a grant of the principle of the desiration of t | Last 4 digits of account number | | | \$ | 650.00 |
| | 200 EAST RANDOLPH | ~~~ | | When was the debt incurred? | 09/05/2012 | | | |
| | Number Street CHICAGO City | IL State | 60601 | As of the date you file, the claim | is: Check all that | t apply. | | : |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | Suite | ZII COUB | Contingent Unliquidated Disputed | | | | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Type of NONPRIORITY unsecu | red claim: | | | |
| | Check if this claim is for a community the claim subject to offset? | ity debt | | Student loans Obligations arising out of a separathat you did not report as priority of Debts to pension or profit-sharing | claims | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| ****** | ☑ No ☐ Yes | | | Other. Specify | | | | |

Debtor 1

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|------------------------|---------|----------------|--|-----------|
| Monica Ri | e ena S | ∰ Dogument | Entered 04/06/17 11:37:35 Page 21 of 31 Case number (if known) | |
| First Name Middle Name | Last N | ame | Case Humber (#known) | |

| Policy Creditor 1 Street | Part 1: Your PRIORITY Unsecured Claims | | | |
|--|---|--|--|--|
| When was the debt incurred? Chicago II | After listing any entries on this page, number them | beginning with 2.3, followed by 2.4, and so forth. | Total claim Priority amount | Nonpriority amount |
| State Sevent State State State State Sevent | IPLS LOan Store | Last 4 digits of account number | · \$402.58 | \$ |
| As of the date you file, the claim is: Check all that apply. Contingent White incurred the debt? Check one. Debter 2 only Debter 2 only Debter 3 only Debter 3 only Debter 3 only Debter 4 only Debter 4 only Debter 5 only Debter 5 only Debter 5 only Ves Last 4 digits of account number Debter 2 only No | 1215 E 87th STREET | 1/2010 | ************************************** | · |
| Who incurred the debt? Check one. Check if this claim is for a community debt | Notice diet. | As of the date you file, the claim is: Check all that apply. | | |
| Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 4 only Debtor 5 and Debtor 5 only Debtor 5 and Debtor 5 only Debtor 6 and Debtor 6 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 6 only Debtor 7 only Debtor 8 only | Chicago IL State 60619 ZIP Code | Unliquidated | | |
| Debtor 2 only Demestic support obligations Taxes and certain other dobbs you wee the government Chemis for death or personal injury while you were intoxicated Other. Specify Salet Specify Contingent Uniquidated Other. Specify Other. Specify Other Specify Other. Specify | | | | |
| Debtor 1 and Debtor 2 only Total sets one of the debtors and another Total sets one of the debtors and a | | Type of PRIORITY unsecured claim: | | |
| At least one of the debtors and another Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. Check if this claim is for a community debt Check one. | | | | |
| Check if this claim is for a community debt Street Check if this claim is for a community debt Street Check if this claim is for a community debt Ch | | | | |
| Is the claim subject to offset? No | | intoxicated | | |
| Yes | Is the claim subject to offset? | | | |
| Last 4 digits of account number \$5.76.3 \$ | □ No | | | |
| Percent Capter's Name 2.3 148 S S S S S S S S S | ☐ Yes | | | |
| When was the debt incurred? | Universal Accept. | | \$5.763 \$ | S |
| Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Claim is for a community debt Is the claim subject to offset? No Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were Intoxicated Other. Specify When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? | PO BOX 923198 | When was the debt incurred? | | |
| City State ZiP Code Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number \$ \$ \$ \$ When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZiP Code Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Intoxicated Other. Specify Is the claim subject to offset? | _ | As of the date you file, the claim is: Check all that apply. | | |
| City State ZiP Code Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number \$ \$ \$ \$ When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZiP Code Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Intoxicated Other. Specify Is the claim subject to offset? | Peachtree Chinois CA 30010 | Contingent | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and another Claims for death or personal injury while you were intoxicated Other. Specify | | Unliquidated | | |
| Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 one of the debtors and another Claims for death or personal injury while you were intoxicated Other. Specify Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 8 only 1 only 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only 1 only 2 only 1 only 1 only 1 only 1 only 1 only 2 only 1 only 1 only 3 only 4 only 4 only 5 only 6 | Who incurred the deht? Check one | ☐ Disputed | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Last 4 digits of account number Street As of the date you file, the claim is: Check all that apply. Contingent Uniquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Is the claim subject to offset? Other. Specify Domestic support obligations Taxes and certain other debts you were intoxicated Other. Specify Domestic support obligations Taxes and certain other debts you were intoxicated Other. Specify | | Type of PRIORITY unsecured claim: | | |
| Debtor 1 and Debtor 2 only | | | | |
| Claims for death or personal injury while you were intoxicated Other. Specify Is the claim subject to offset? No Yes Last 4 digits of account number \$ \$ \$ \$ Priority Cleditor's Name When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State ZiP Code Unliqued Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Is the claim subject to offset? | | | | |
| Check if this claim is for a community debt Intoxicated Other. Specify | □ At least one of the debtors and another | | | |
| Is the claim subject to offset? No Yes Last 4 digits of account number \$ \$ \$ Number Street As of the date you file, the claim is: Check all that apply. City State ZiP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | ☐ Check if this claim is for a community debt | intoxicated | | |
| No Yes | Is the claim subject to offset? | | | |
| Support Supp | • | | | |
| When was the debt incurred? As of the date you file, the claim is: Check all that apply. City State 2IP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Is the claim subject to offset? Number Street As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Disputed Type of PRIORITY unsecured claim: Claims certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify | | | aan ka | eg endjûnskirjen jide progenjetse sep sjoos |
| As of the date you file, the claim is: Check all that apply. City State ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | | Last 4 digits of account number | \$\$ | \$ |
| As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Number Street | When was the debt incurred? | | |
| City Stale ZIP Code Unliquidated Disputed Who incurred the debt? Check one. Debtor 1 only Type of PRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Community unsecured | Thanks Sheet | As of the date you file, the claim is: Check all that apply | | |
| City State ZIP Code ☐ Unliquidated ☐ Disputed ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ State Claim subject to offset? ☐ No | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | City State ZIP Code | | | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No Type of PRIORITY unsecured claim: □ Domestic support obligations □ Taxes and certain other debts you owe the government □ Claims for death or personal injury while you were intoxicated □ Other. Specify □ No | | · | | |
| Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Other. Specify | | | | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No | | type of PRIORITY unsecured claim: | | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No | | | | |
| Claims for death or personal injury while you were intoxicated to other. Specify Is the claim subject to offset? No | | | | |
| Is the claim subject to offset? ☐ No | | intoxicated | nearn na heid haithneid heid deid deidheidheidheidh a dheidh na ain dheid ann iaid ga agus agus agus agus an a | ele la relició de la colonia |
| □ No | Is the claim subject to offset? | | | |
| | | | | |

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Part 2: List All of Your NONPRIORITY Unsecured Cla

| | List An of Tour More Rioki I Onsecuted Claims | | |
|-------|---|--|---|
| 3. | Do any creditors have nonpriority unsecured claims against vo | u ? | |
| | No. You have nothing to report in this part. Submit this form to the | | |
| | Yes | ne court with your other schedules. | |
| | places or many of the said and and and and and and a | and the state of the second section is the state of the state of the second section is the state of the second | erin and Arizan Anglish |
| 4. | List all of your nonpriority unsecured claims in the alphabetical | order of the creditor who holds each claim. If a creditor has | s more than one |
| 4 | nonpriority unsecured claim, list the creditor separately for each clair | m. For each claim listed, identify what type of claim it is. Do not | t list claims already |
| 1 | included in Part 1. If more than one creditor holds a particular claim, | list the other creditors in Part 3.If you have more than three no | onpriority unsecured |
| : : | claims fill out the Continuation Page of Part 2. | | |
| | | | |
| ····· | 70111 - CO (N | -110 A | Total claim |
| 1.1 | 1 CITY Of Dep. of Finace | Last 4 digits of account number 5 4 6 0 | 1000 8 |
| | Nonpriorit Creditor's Name | Last 4 digits of account fidniber | s1,750, U |
| | | When was the debt incurred? | J |
| | Number Street | | |
| | Sheet T | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | City () State ZIP Code | As of the date you me, the claim is: Check all that apply. | |
| | | ☐ Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | | |
| | At least one of the debtors and another | Student loans | |
| | Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | · | that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ No | Other. Specify | |
| | Yes | | |
| | | | |
| .2 | | Last 4 digits of account number | \$ |
| | Nonpriority Creditor's Name | When was the debt incurred? | |
| | | | |
| | Number Street | • | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | City State ZiP Code | | |
| | , | ☐ Contingent | |
| | Who incurred the debt? Check one. | Unliquidated | |
| | Debtor 1 only | ☐ Disputed | |
| | Debtor 2 only | | |
| | Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | At least one of the debtors and another | Obligations arising out of a separation agreement or divorce | |
| | Check if this claim is for a community debt | that you did not report as priority claims | |
| | to the claim auticat to affect? | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | |
| | No No | Other. Specify | |
| | ☐ Yes | | |
| .3 | | 2004 1 (2000 1 (2004) | errein tyl ei degen den kaladerske sternen ber errein det som bestadet benestadet, net met als de |
| | Nonpriority Creditor's Name | Last 4 digits of account number | \$ |
| | ······y scanned comme | When was the debt incurred? | |
| | Number Street | | |
| | Halling Obest | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | VIII 211 3000 | Continued | |
| | Who incurred the debt? Check one. | Contingent | |
| | Debtor 1 only | Unliquidated | |
| | Debtor 2 only | ☐ Disputed | |
| | Debtor 1 and Debtor 2 only | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loans | |
| | ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce | |
| | | that you did not report as priority claims | |
| | Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts | |
| | □ No | Other. Specify | |
| | Yes | - Other Opening | |
| | | | |
| | the second control of | and the contract of the contra | |

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Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| ••• | | VANASAAS |
|--|--|-------------------------|
| | Last 4 digits of account number | \$ |
| Nonpriority Creditor's Name | When was the debt incurred? | |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| At least one or the debtors and another Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debtsOther. Specify | |
| □ No □ Yes | | |
| ARREST AND | Last 4 digits of account number | mirroccione statucione. |
| Nonpriority Creditor's Name | When was the debt incurred? | <u> </u> |
| Number Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent | |
| Who incurred the debt? Check one. | Unliquidated | |
| Debtor 1 only | ☐ Disputed | |
| Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Student loans | |
| ☐ Check if this claim is for a community debt | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| s the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| □ No | Other. Specify | |
| | Transchold Market Hall McMarket and Appelled II Address and Appelled Appell | |
| | Last 4 digits of account number | \$ |
| lonpriority Creditor's Name | When was the debt incurred? | |
| lumber Street | As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code | Contingent Unliquidated | |
| Who incurred the debt? Check one. | ☐ Disputed | |
| Debtor 1 only | Tors of NONBRIORITY | |
| Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community debt | you did not report as priority claims | |
| s the claim subject to offset? | Debts to pension or profit-sharing plans, and other similar debts Other. Specify | |
| ☑ No ☑ Yes | | |

Debtor 1

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List Others to Be Notified About a Debt That You Already Listed

| u have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page. |
|---|
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Priority Unsecured Claims |
| Last 4 digits of account number |
| de |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number |
| |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number |
| de |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number |
| |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Part 2: Creditors with Nonpriority Unsecured Claims |
| Last 4 digits of account number |
| |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Claims |
| Last 4 digits of account number |
| On which entry in Part 1 or Part 2 did you list the original creditor? |
| |
| Line of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Claims |
| |

City

State

Last 4 digits of account number

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Debtor 1

Part 4:

Add the Amounts for Each Type of Unsecured Claim

| 6. | Total the amounts of certain types of unsecured claims. | This information is for statistical reporting purposes only. 28 U.S.C. § 159. |
|----|---|---|
| | Add the amounts for each type of unsecured claim. | , , , , |

| | | | | Total claim |
|--------------|-------|---|-----|-------------|
| Total claims | 6a. | Domestic support obligations | 6a. | \$ |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | +\$ |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ |
| | | | | Total claim |
| Total claims | 6f. | Student loans | 6f. | \$ |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ |
| | 6j. ' | Total. Add lines 6f through 6i. | 6j. | \$ |

| Fill in this | information to identify | your case: | | | | | |
|--|---|--|---|---|--|--|--|
| Debtor 1 | MONICA | RENEE S | TORY | | | | |
| Debtor 2 | First Name | Middle Name | Last Name | | | | |
| (Spouse, if filing | g) First Name | Middle Name | Last Name | [| | | |
| United States | Bankruptcy Court for the: | Northern District of Illinoi | s | | | | |
| Case number (If known) | F | | _ | | Check if t | | |
| | 4.4.4 | | | | | nended filing | |
| Official E | orm 106l | | | | | plement snowing pole le as of the following | ostpetition chapter 13 g date: |
| | | r Income | | | MM / E | DD / YYYY | |
| ###################################### | | | | | | | 12/15 |
| supplying co | prrect information, if y parated and your spor | use is not filing with yo o top of any additional p | filing jointly, and y u, do not include in | our spouse is | living with y out your spo | you, include informationse. If more space is | tion about your spouse. |
| 1. Fill in you informati | ır employment on. | | Debtor 1 | | | Debtor 2 or non | -filing spouse |
| attach a s | e more than one job, eparate page with n about additional s. | Employment status | ☑ Employed ☐ Not employ | yed | TO STATE OF THE STA | ☐ Employed ☐ Not employe | d |
| | art-time, seasonal, or oyed work. | | NURSE AID | | | | : |
| | on may include student laker, if it applies. | Occupation | NONCE THE | *************************************** | | | Washington of the second of th |
| | | Employer's name | LEXINGTON | HEALTH C | ARE | | |
| | | Employer's address | 10300 SOUT | | VY | Number Street | |
| | | | CHICAGO R | | | | |
| | | How long employed ti | City nere? 1 YEAR | State ZIP (| Code | City | State ZIP Code |
| | | | , , , , , , , , , , , , , , , , , , , | _ | | | 8 |
| Part 2: | Give Details About | Monthly Income | | | | | |
| Estimate | monthly income as of | the date you file this fo | rm. If you have noth | ning to report fo | r any line, wr | ite \$0 in the space. In- | clude your non-filing |
| spouse un If you or yo | less you are separated our non-filing spouse ha | ave more than one emplo ttach a separate sheet to | ver, combine the info | | | | |
| | | | | For | Debtor 1 | For Debtor 2 or non-filing spouse | |
| 2. List mon deduction | tnly gross wages, salins). If not paid monthly, | ary, and commissions (calculate what the month | before all payroll ily wage would be. | 2. <u>\$1</u> | ,520.00 | \$ | · |
| 3. Estimate | and list monthly over | time pay. | | 3. + \$ | 0.00 | + \$ | <u>. </u> |
| 4. Calculate | gross income. Add li | ne 2 + line 3. | | 4. \$ 1 | ,520.00 | \$ | |

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Case number (if known)_

STORY

| | | granting with the control of the con- | tin transference en encourre en maren de la com- | |
|--|--------------------|---|--|---|
| | | For Debtor 1 | For Debtor 2 or non-filing spouse | |
| Copy line 4 here | → 4. | \$ <u>1,520.00</u> | \$ | |
| 5. List all payroll deductions: | | | | |
| 5a. Tax, Medicare, and Social Security deductions | 5a. | . _{\$} 346.71 | \$ | |
| 5b. Mandatory contributions for retirement plans | 5b. | | \$ | |
| 5c. Voluntary contributions for retirement plans | 5c. | | \$ | |
| 5d. Required repayments of retirement fund loans | 5d. | | \$ | |
| 5e. Insurance | 5e. | | \$ | |
| 5f. Domestic support obligations | 5f. | \$ | \$ | |
| 5g. Union dues | 5g. | \$ | \$ | |
| 5h. Other deductions. Specify: | 5h. | | + \$ | |
| 6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h | . 6. | \$ 346.71 | \$ | |
| 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ <u>1,173.43</u> | \$ | |
| 8. List all other income regularly received: | | | | |
| 8a. Net income from rental property and from operating a business, profession, or farm | | | | |
| Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. | 8a. | \$ | \$ | |
| 8b. Interest and dividends | 8b. | \$ | \$ | |
| 8c. Family support payments that you, a non-filing spouse, or a depende regularly receive | ent | · www. | | |
| Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 8c. | \$ | \$ | |
| 8d. Unemployment compensation | 8d. | \$ | \$ | |
| 8e. Social Security | 8e. | \$ | \$ | |
| 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: LINK CARD | | s 51.00 | | |
| The state of the s | 8f. | \$ <u>51.00</u> | \$ | |
| 8g. Pension or retirement income | 8g. | \$ | \$ | |
| 8h. Other monthly income. Specify: | 8h. | +\$ | +\$ | |
| 9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$51.00 | \$ | |
| 10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ 1,224.43 | \$ | \$ 1,224.43 |
| State all other regular contributions to the expenses that you list in Scheolinclude contributions from an unmarried partner, members of your household, y friends or relatives. | | | mates, and other | torono de la companio del companio de la companio del la companio del companio de la companio del companio de la companio del companio de la companio della |
| Do not include any amounts already included in lines 2-10 or amounts that are | not av | vailable to pay expense | es listed in Schedule J. | |
| Specify: | | | _ 11. + | \$ |
| Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S | result tatistic | is the combined mont cal Information, if it ap | hly income. plies 12. | \$ 1,224.43 |
| 13. Do you expect an increase or decrease within the year after you file this f | orm? | *************************************** | | Combined monthly income |
| ☐ Yes. Explain: | ····· | | | |
| market server and the server of the server o | | | | |

MONICA

First Name

Debtor 1

RENEE

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| Fill in this i | nformation to identify | y your case: | | | | | |
|--|---|--|--------------------|--|-------------------|--|--|
| Debtor 1 | MONICA | | TORY | | := :=: | | |
| Debtor 2 | First Name | Middle Name Las | st Name | Check if the | | | |
| (Spouse, if filing |) First Name | Middle Name Las | st Name | An ame | | _ | |
| United States | Bankruptcy Court for the: | Northern District of Illinois | | | | snowing post of the following | petition chapter 13 date: |
| Case number | | | | MM / DD | | | |
| Official | Torm 1001 | | | | | | |
| | Form 106J | ur Expenses | | | | | |
| Be as comple information. (if known). As | ete and accurate as p f more space is need nswer every question | ossible. If two married people led, attach another sheet to the | are fili | ng together, both are equally re . On the top of any additional p | espons ages, v | ible for supply write your nam | 12/15 ing correct e and case number |
| Part 1: | Describe Your Hou | usehold | | | | | |
| 1. Is this a joi | nt case? | | | | | | |
| ☑ No. Go ☐ Yes. Do | | separate household? | | | | | |
| | No Yes. Debtor 2 must fil | le Official Form 106J-2, Expense | es for S | eparate Household of Debtor 2. | | | |
| 2. Do you hav | e dependents? | □ No | ~~~~~ | | | | and the second s |
| Do not list Debtor 2. | ebtor 1 and | Yes. Fill out this informati each dependent | | Dependent's relationship to Debtor 1 or Debtor 2 | | Dependent's age | Does dependent live with you? |
| Do not state names. | the dependents' | , | | SON | <u>-</u> | 23 | ☑ No ☑ Yes |
| | | | | *************************************** | | | □ No |
| | | | | | | | Yes |
| | | | | | _ | | U No □ Yes |
| | | | | | | | □ No |
| | | | | | - | | Yes |
| | | | | | | | □ No |
| | | | | | ~ | | ☐ Yes |
| expenses o | enses include f people other than d your dependents? | ☑ No ☐ Yes | | | | | |
| | | | | | | er i i i e e e e e e e e e e e e e e e e | |
| | | ng Monthly Expenses | | | | | |
| Estimate your expenses as o applicable dat | f a date after the ban | bankruptcy filing date unless kruptcy is filed. If this is a su | s you ar ppieme | e using this form as a supplem ntal Schedule J, check the box | ent in at the | a Chapter 13 ca top of the form | ase to report and fill in the |
| | | n-cash government assistance | a if vou | know the value of | | | |
| | | it on Schedule I: Your Incom | | | | Your expen | ises |
| | or home ownership e the ground or lot. | expenses for your residence. I | Include I | irst mortgage payments and | 4. | | 406.00 |
| If not inclu | ded in line 4: | | | | | | |
| 4a. Real e | estate taxes | | | | 4a. | \$ | |
| 4b. Prope | rty, homeowner's, or re | enter's insurance | | | 4b. | \$ | |
| 4c. Home | maintenance, repair, a | and upkeep expenses | | | 4c. | | |
| 4d. Home | owner's association or | condominium dues | | | 4d. | \$ | |

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Debtor 1

MONICA

RENEE

Middle Name

STORY

Case number (if known)_

| | | | Your expenses |
|-----|---|------|---------------|
| 5. | Additional mortgage payments for your residence, such as home equity loans | 5. | \$ |
| 6. | Utilities: | | |
| | 6a. Electricity, heat, natural gas | 6a, | s 400.00 |
| | 6b. Water, sewer, garbage collection | 6b. | \$ |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | \$125.00 |
| | 6d. Other. Specify: | 6d. | \$ |
| 7. | Food and housekeeping supplies | 7. | \$ 300.00 |
| 8. | Childcare and children's education costs | 8. | \$ |
| 9. | Clothing, laundry, and dry cleaning | 9. | \$75.00 |
| 10, | Personal care products and services | 10. | \$100.00 |
| 11. | Medical and dental expenses | 11. | \$ |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | 12. | \$100.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | \$ |
| 14. | Charitable contributions and religious donations | 14. | \$ |
| 15. | Insurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | |
| | 15a. Life insurance | 15a. | \$ |
| | 15b. Health insurance | 15b. | \$ |
| | 15c. Vehicle insurance | 15c. | \$ |
| | 15d. Other insurance. Specify: | 15d. | \$ |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ |
| 17. | Installment or lease payments: | | |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ |
| | 17b. Car payments for Vehicle 2 | 17b. | \$ |
| | 17c. Other. Specify: | 17c. | \$ |
| | 17d. Other. Specify: | 17d. | \$ |
| 18. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | S |
| 19, | Other payments you make to support others who do not live with you. | | |
| | Specify: | 19. | \$ |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | e. | |
| | 20a. Mortgages on other property | 20a. | \$ |
| | 20b. Real estate taxes | 20b. | \$ |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | \$ |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | \$ |
| | 20e. Homeowner's association or condominium dues | 20e. | \$ |

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| Debto | 1 MONICA RENEE STORY First Name Middle Name Last Name | Case number (if known) | TRANSPORTED TO THE TOTAL OF THE |
|---------------|--|------------------------|--|
| 21. Q | ther. Specify: | 21. | +\$ |
| 22. C | alculate your monthly expenses. | | |
| 2 | ta. Add lines 4 through 21. | 22a . | \$1,506.00 |
| 22 | b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | 22 b. | \$ |
| 22 | c. Add line 22a and 22b. The result is your monthly expenses. | 22c . | \$1,506.00 |
| 23. Ca | culate your monthly net income. | | |
| 23a | | 23a . | \$1,224.00 |
| 23b | . Copy your monthly expenses from line 22c above. | 23b | -\$1,386.00 |
| 230 | , , | ſ | s282.00 |
| | The result is your monthly net income. | 23c. | |
| 24. Do | you expect an increase or decrease in your expenses within the year after you f | file this form? | |
| | example, do you expect to finish paying for your car loan within the year or do you exitgage payment to increase or decrease because of a modification to the terms of you | • | |
| Ø | No. | | |
| | Yes. Explain here: | | |
| | | | |
| | | | |
| | | | |

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| btor 1 Monta Renu Story First Name Middle Name Last Name btor 2 rouse, if filing) First Name Middle Name Last Name ited States Bankruptcy Court for the: Northern District of Illinois se number known) Official Form 106Dec Declaration About an Individual | ame | ck if this nded filir |
|--|--|--------------------------|
| otor 2 use, if filing) First Name Middle Name Lest Name Lest Name ed States Bankruptcy Court for the: Northern District of Illinois e number nown) Official Form 106Dec Declaration About an Individual I | ame | |
| end States Bankruptcy Court for the: Northern District of Illinois enumber | ame | |
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| eclaration About an Individual I | Debtor's Schedules | |
| eclaration About an Individual I | Debtor's Schedules | |
| | Debtor's Schedules | |
| us married noonly are filling together both or accept, responsible for a | | 12 |
| | | |
| wo married people are filing together, both are equally responsible for su | upplying correct information. | |
| Did you pay or agree to pay someone who is NOT an attorney to help yo | ou fill out bankruptcy forms? | |
| Yes. Name of person | Attach Bankruptcy Petition Preparer's Notice, Declaration, and | |
| | Signature (Official Form 119). | |
| | | |
| | | |
| Under penalty of perjury, I declare that I have read the summary and schat they are true and correct. | hedules filed with this declaration and | |
| | | |
| | | |
| | | |
| * Marion Sty * | | |
| Signature of Debtor 1 Signature of Debtor | or 2 | |